

# ARIZONA DEPARTMENT OF RACING

1110 W. Washington, Suite 260

Phoenix, AZ 85007

Telephone (602) 364-1700

PLEASE TYPE OR PRINT IN INK

APPLICATION FOR: ☐ ADDRESS CHANGE ☐ DUPLICATE ☐ NAME CHANGE

APPLICANT'S NAME _____ (Last) (First) (Middle) NAME CHANGE ONLY: LIST PREVIOUS NAME _____ (Last) (First) (Middle)		ISSUING TRACK _____ APPLICATION DATE _____ (Month / Day / Year)	<b>FOR OFFICIAL USE ONLY</b> LICENSE NO. ISSUED _____ DATE OF ISSUE: _____ LICENSE FEE: \$ _____ Fee Paid By: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> NO FEE CHANGE OR OVERPAYMENT _____ PREVIOUS LICENSE NO: _____ EXPIRATION DATE _____
SOCIAL SECURITY NO.	DATE OF BIRTH _____ MONTH DAY YEAR		
* DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. SEE BELOW	HOME PHONE NO ( ) _____		
STREET ADDRESS/BOX NO./APT. NO: _____			
CITY	STATE	ZIP CODE	
IT IS STIPULATED AND AGREED THAT ANY NOTICE, CORRESPONDENCE OR PAPERS OF ANY NATURE ADDRESSED TO ME FROM THE ARIZONA DEPARTMENT OF RACING ARE TO BE SENT TO THE ABOVE ADDRESS.			

I REQUIRE THIS DUPLICATE LICENSE BECAUSE OF THE FOLLOWING CIRCUMSTANCES: \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS EMPLOYED BY ME: _____ SIGNATURE OF TRAINER	I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS EMPLOYED BY THE TRACK/PERMITTEE: _____ DEPARTMENT SIGNATURE OF SUPERVISOR
<b>REQUIRED FOR ALL OWNERS</b>	MY LICENSED ARIZONA TRAINER IS:

Have you been arrested, convicted, or been charged for ANY crime, offense, violation in which action (warrant, indictment, complaint) is still pending, or any other material change (including parole, probation, or convictions which may have been set aside, expunged, or pardoned) since the date you were licensed for which this license is replacing? (If answer is "YES", explain below).

☐ YES ☐ NO

(Provide date, city, state, nature of violation and disposition - Use reverse side for additional space)

\* **PLEASE READ CAREFULLY:** A.R.S. §25-320 **MANDATES** THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES **MUST** OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. THEREFORE, IT IS **MANDATORY** THAT YOUR SOCIAL SECURITY NUMBER IS PROVIDED ON THIS APPLICATION. WHEN SOCIAL SECURITY NUMBERS APPEAR ON PUBLIC RECORDS, AND COPIES OF SUCH RECORDS BECOME THE SUBJECT OF A RECORDS REQUEST, SOCIAL SECURITY NUMBERS **MUST** BE REDACTED FROM THE DOCUMENT.

**X** \_\_\_\_\_  
 SIGNATURE OF APPLICANT

**X** \_\_\_\_\_  
 EMPLOYEE - ARIZONA DEPARTMENT OF RACING

EXAM TECH _____ PROCESSED	INVESTIGATOR _____ REVIEWED _____ INTERVIEWED	BOARD OF STEWARDS _____ APPROVED _____ DENIED
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